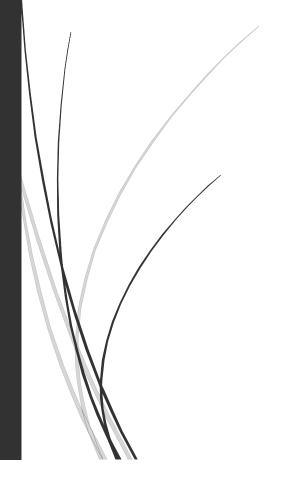
February 2020

Policies & Procedures

Ryan White Planning Body

Charlotte Transitional Grant Area





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Section 1: Overview and Structure

Name and Provisions for Governing

The name is the Charlotte Transitional Grant Area Ryan White Planning Body, hereafter referred to as the "Planning Body" or "PB."

The PB is governed by the following, listed in order of succession:

- 1. Health Resources and Services Administration (HRSA) Policies and Procedures
 - a. Part A Manual
 - b. Policy Notices and Program Letters
- 2. North Carolina Meetings of Public Bodies (Sunshine Law)
- 3. Code of Ethics for Mecklenburg County Government
- 4. Ryan White Planning Body Bylaws
- 5. Robert's Rules of Order

Purpose and Goals

The purpose of the Planning Body is to address unmet care and treatment needs of People Living with HIV by funding primary healthcare and support services that enhance access to and retention in care.

The goal of the PB is to create a seamless continuum of care that addresses the unmet needs of PLWH in the Charlotte TGA.

The following guiding principles govern the PB's decision-making processes:

- 1. **Epidemiology**: The percentage of cases in specific population categories or geographic areas is the major influence on the selection of services and the allocation of funds;
- 2. Gaps in Service: Efforts is made to fill the service gaps identified;
- 3. **Equity**: Every attempt is made to allocate funds so that all affected Groups receive necessary services based on demonstrated need;
- 4. **Unmet Needs**: Every attempt is made to address emerging needs and developing issues by allocating the appropriate level of funding that will maximize opportunities to engage and retain Consumers in care.

Planning Body Funding and Service Areas

The Charlotte TGA first received Ryan White Part A and MAI funds in 2007. It consists of 6 counties in the Carolinas, including:

- ✓ North Carolina: Anson, Cabarrus, Gaston, Mecklenburg, Union
- ✓ South Carolina: York

SOUTH CAROLINA GASTON ALECC RUS ENBURK YORK UNION ANSON

History of Ryan White Planning Body

The PB began as an Advisory Group in 2007. In 2018, the Advisory Body transformed into the Ryan White Planning Body, seeking to meet HRSA's legislative mandates. Mecklenburg County is the recipient of these Part A funds, and the Chief Executive Officer (CEO) is the Chairperson of the Mecklenburg County Board of County Commissioners. The CEO designates responsibilities to the Mecklenburg County Director of Public Health, currently Gibbie Harris.

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Section 2: Membership

Required Membership Composition

PB membership is consistent with the Ryan White HIV/AIDS Program (RWHAP) and accompanying regulations and guidance including, but not limited to, at least one representative from each of the following legislatively mandated categories:

- a. Healthcare providers including Federally Qualified Health Centers (FQHCs)
- b. Community-based organizations (CBOs) / AIDS service organizations (ASOs)
- c. Social service providers (including homelessness service providers)
- d. Mental health providers
- e. Substance use providers
- f. Local public health agencies
- g. Members of a federally recognized Indian tribe as represented in the population
- h. Individuals co-infected with Hepatitis B or C
- i. Hospital planning agencies or healthcare planning agencies
- j. Affected communities, including people with HIV and historically underserved subpopulations
- k. Non-elected community leaders
- I. State Medicaid agencies
- m. State Part B agencies
- n. Part C
- o. Part D
- p. Other federal HIV programs (including HIV prevention service providers)
- q. Representatives of formerly incarcerated federal, state, or local prisoners who were released during the preceding 3 years

The PB consists of no more than 30 and no fewer than 20 members and reflects in its composition the demographics of the HIV epidemic in the TGA with consideration given to disproportionately affected and historically underserved subpopulations. The PB strives to ensure parity, inclusion, and representation.

It is the goal of the PB that a minimum of 50% of the voting members are PLWH and that, among members with HIV, at least 33% are unaligned, meaning they have no consulting, employment, or fiduciary relationship with the Recipient or any sub-recipient agency that receives Part A funds.

Preventing Overrepresentation of Subrecipients

No more than 2 persons representing the same Part A subrecipient may serve as Members simultaneously.

Non-Discrimination

The PB is legislatively mandated to include representatives from certain categories, and the PB and the PLWH Membership of the PB must both be reflective of the demographics of the epidemic in the TGA.

PB business and activities are conducted fairly and equitably in a manner which does not discriminate with respect to age, gender, gender identity, race, religion, disability, sexual orientation, HIV/AIDS status, or national origin.

Recruitment and Outreach

The Membership Workgroup coordinates an ongoing Open Nominations process. If the federally mandated and locally required membership categories are not currently filled or will become vacant or if the composition of the current membership does not reflect the demographics of the epidemic in the TGA, the Membership Workgroup identifies the areas of needed representation and prepares to

recommend the individuals for appointment to correct this lack of representation. The Membership Workgroup determines recruitment needs ongoing and presents to the Executive Workgroup and PB for input and support.

The PB Open Nominations Process is active year-round. The PB recruits and makes nominations ongoing to fill vacant membership categories, and continuously accepts and reviews applications from candidates who are interested in PB membership.

Application

The PB accepts applications ongoing. People interested in applying for membership can find the Membership Application on the <u>PB's website</u> or may request an e/mailed copy from the PB Administrator. Applications include a description of the time commitment expected for members.

Upon receipt of application, the Administrator sends notification of the review process to the applicant(s).

The Membership Workgroup reviews the applications and schedules interviews, if needed, for applicants. The Membership Workgroup is committed to confidentiality and does not share sensitive information via unencrypted email, text, or voicemail or in public settings.

The Membership Workgroup reviews applications before the next regularly scheduled PB meeting and sends nominations to the CEO/designee for appointment. To ensure that membership requirements are met, the CEO/designee:

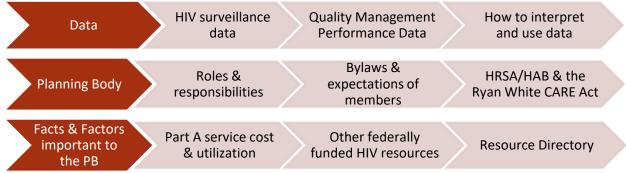
- a. Ensures appointments reflect a representative and reflective PB; and
- b. Ensures that the nominees reflect compliance with the PB's Bylaws and Ryan White legislative requirements and HRSA guidelines.

Applicants not recommended for membership:

- a. Receive written notice from the PB Administrator indicating the Workgroup's decision and thanking them for their interest; and
- b. May participate in meetings of the PB and its Workgroups as non-voting participants.

Orientation and Training

New members must complete orientation at least once. The PB hosts orientation sessions at least annually and throughout the year as needed to ensure that every new member receives an orientation within 90 days of appointment to the PB. Orientation includes discussions on the following topics:



Member Status

The term *Member(s)* refers to any who are:

- 1. Identified through an open nominations process required by the legislation
- 2. Recommended to and approved by the PB Membership Workgroup
- 3. Duly and lawfully appointed to the Ryan White PB by the CEO/Designee.

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Members assume their duties immediately upon receipt of certificates of appointment signed by the CEO/Designee. Members:

- 1. Serve on at least one standing Workgroup
- 2. Vote during Workgroup and PB meetings
- 3. Adhere to the Attendance Policy

Members are appointed to terms of 2 years. Members may serve up to 3 consecutive 2-year terms, with a 1-year break before reapplying. Members applying for reappointment must complete the Membership Application to be submitted to the Membership Workgroup for review.

Attendance

Members must participate in regularly scheduled PB and Workgroup meetings to maintain voting privileges. The PB Administrator monitors attendance. A PB member is removed for being absent without excuse from 3 consecutive regularly scheduled meetings or 5 total absences from such meetings within a fiscal year. Exception may be given to individuals in violation of this policy who address their situation to the Membership Workgroup in person. This policy does not apply to Consumers who must miss meetings for medical appointments.

Termination of Membership

The PB may recommend to the CEO/designee that any member be removed from membership for cause, requiring a two-thirds vote of the members at any regularly scheduled meeting of the PB with no fewer than 7 days' prior notice.

Voluntary Resignation: Any member may resign from membership by written or other form of notice to the PB Administrator.

Resignation by Default: This includes resignation from the PB due to non-adherence of the attendance policy. Procedure:

1st Missed Meeting

Membership Chair & PB Admin contact member to let them know they were missed & remind them of importance of attendance

2nd Missed Meeting

Membership Chair reminds member of the policy & identifies barriers & solutions to attendance

3rd Missed Meeting

Membership Chair notifies member of their resignation in writing (email, text, or letter)

Removal of Member

In instances where a Member is removed for fraudulent, inappropriate, or unethical activities related to PB activities, Membership cannot be reinstated. This may include behavior that is rude and insulting or a misrepresentation of PB policy and/or actions to the media or the community, including speaking on behalf of the PB without the permission of the Co-Chairs and the Administrator. Procedure:

- 1. Members with issues regarding the behavior of another Member submit a written statement detailing the specific behaviors of the Member in question to the PB Co-Chairs.
- 2. The PB Co-Chairs consider the behavior in question with Members of the Executive Workgroup and the Recipient's office.
- 3. If the behavior is deemed inappropriate, the PB Co-Chairs convene a private meeting with the Member in question and the PB Administrator to explain the offense and standard of behavior expected. If the behavior does not warrant a private meeting, no further action is necessary.

- 4. If the behavior persists, the Co-Chairs recommend the Member to be removed from the PB by issuing an email to the Member stating the intent, reason, and removal recommendation.
- 5. The Member has 15 days to respond in writing to the PB Co-Chairs.
- 6. The Executive Workgroup votes on the matter during the next Workgroup meeting, provided it has been 15 or more days since the intent letter was sent.
- 7. The Member is removed from the PB with two-thirds vote of the quorum of the Executive Workgroup.
- 8. If the Member's removal is approved by the Executive Workgroup, the Member is emailed, and this will be kept in the PB Notebook.

Appeal Process

The Appeal Process manages situations in which a Member feels they have been unfairly removed:

A Member who receives written notice that they have resigned by default has 30 days from receipt of notice to send a written request to the Co-Chairs that they wish to appeal the decision.

Within 15 days of receiving the appeal, the Co-Chairs schedule a meeting with the applicant to discuss their appeal and weigh the merits of their concerns. The Co-Chairs may choose either to sustain the decision to remove the Membership or to offer a probation process for the applicant to regain their Membership.

If the Co-Chairs prefer probation, the applicant must agree to a 3-month probation period during which they must meet all attendance requirements for Members.

The Co-Chairs certify that the applicant fulfilled the probation period sufficiently & recommend a vote to re-instate the applicant at the next PB meeting. If the Co-Chairs deem the requirements have not been met, then the original resignation is once again in force.

Section 3: Roles and Responsibilities

Recipient and Chief Elected Official (CEO) Responsibilities

From an administrative perspective, the Recipient must make RW funds reach all communities in the service area where need exists. Administrative duties of the Recipient include:

- ✓ Establish Intergovernmental Agreements
- ✓ Distribute funds according to PB priorities; Reallocate funds with conversation with the PB
- ✓ Establish grievance procedures
- ✓ Ensure services to women, infants, youth and children with HIV
- ✓ Ensure that Ryan White funds are used to fill gaps in care and services
- ✓ Ensure that care and services are available and accessible to eligible clients
- ✓ Conduct quality management activities
- ✓ Prepare and submit funding applications
- ✓ Limit Recipient and subrecipients administrative & quality management costs
- ✓ Monitor contracts
- ✓ Provide technical assistance

In the TGA, the CEO is the Chairperson of the Mecklenburg County Board of County Commissioners. The CEO may delegate some or all responsibilities to an individual with a strong public health background who has more direct contact with the PB (Part A Manual pp. 89-90). The TGA's designated CEO is the Health Director of Mecklenburg County Public Health (MCPH). Responsibilities of the CEO and the Recipient related to the PB, as defined by HRSA, are listed below.

CEO Roles

Establish the PB, ensuring that membership is reflective of PLWH in the TGA

Appoint members recommended for membership by the PB

Review and approve PB Bylaws and other policies, in accordance with guidance from HRSA and Mecklenburg County

Recipient Roles

Support the participation of PLWH on the PB, including provision of transportation assistance and training to members

With the PB, develop an integrated care & prevention plan for the delivery of HIV services that coincides with the NC and SC Statewide integrated care & prevention plans.

Coordinate with other services and Ryan White programs to ensure that Ryan White is the payor of last resort

Planning Body Responsibilities

Establish Planning Body Operations

The PB must have procedures to guide their activities. Procedures include such areas as:

- 1. Membership: See Section 2: Membership.
- 2. *Training:* The Ryan White Treatment Modernization Act requires training for PB members, such as explaining the legislation and their role in planning.
- 3. *Group Process:* This includes a Code of Conduct, as well as rules for Workgroup and PB operations, meeting times, and locations.
- 4. Decision Making: The PB must agree on how decisions are made. PB Bylaws outline this process.
- 5. Conflict of Interest: See Appendix C.
- 6. Grievances: See Grievances Procedures and Appendix E.

Assess Needs

The PB works with the Recipient to identify needs by conducting a needs assessment. The PB leads this activity. This involves first determining how many PLWH are in the TGA through an epidemiologic profile provided by MCPH's epidemiologist.

Next, the PB determines the needs of PLWH and the capacity of the service system to meet those needs, through focus groups and surveys. This includes determining:

- 1. The number, characteristics, and service needs of PLWH who know their HIV status and are not in care;
- 2. the service needs of PLWH who are in care, including differences in care and needs, particularly for historically underserved populations;
- 3. the number and location of agencies providing HIV-related services in the TGA;
- 4. their capacity and capability to serve PLWH, including capacity development needs; and
- 5. availability of other resources and how RW services need to work with other resources.

Set Priorities and Allocate Resources

See Priority Setting and Resource Allocations Process.

Develop the Comprehensive Plan

The PB works with the Recipient to develop a written plan that defines short- and long-term goals for delivering HIV services in the TGA. The needs assessment data guides this comprehensive plan. It is used to guide decisions about how to deliver HIV services. This plan is updated every 3 years and parallels other existing local or State plans. HAB/DSS provides guidance on what the plan should include and when it needs to be completed.

Assess the Efficiency of the Administrative Body Mechanism

The PB evaluates how quickly the Recipient distributes funds to providers by reviewing how quickly contracts with service providers are signed and how long the Recipient takes to pay these providers. Additionally, the PB reviews whether funds are used to pay only for PB-prioritized services and the amounts contracted for each service category are the same as the PB's allocations.

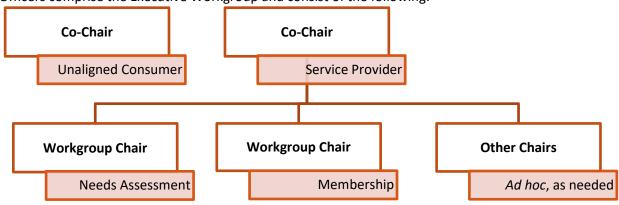
Develop Service Standards

The PB partners with the Recipient's Quality Management Program to develop Service Standards to guide providers in delivering services. The Recipient uses these standards in monitoring contracts and Continuous Quality Improvement (CQI).

Planning Body Officers

Executive Workgroup Composition

No Member may serve in more than one elected position at any time. Officers serve 2-year terms. Officers comprise the Executive Workgroup and consist of the following:



Duties of the Planning Body Co-Chairs

- 1. Preside over Executive Workgroup meetings and general PB meetings
- 2. Serve as the official PB spokespersons, with approval from the PB Administrator
- 3. Create and dissolve ad hoc Workgroups as needed
- 4. Attend PB and Executive Workgroup meetings
- 5. Attend standing Workgroup meetings as necessary

Duties of Workgroup Chairs

- 1. Serve as the presiding officer and conduct respective Workgroup meetings
- 2. Execute the duties prescribed herein and for such other duties outline in the yearly workplan
- 3. Report Workgroup progress and activities to the Executive Workgroup and PB
- 4. Collaborate to assure overall PB objectives are moving forward
- 5. Attend all PB, Executive Workgroup, and respective Workgroup meetings

Election of Planning Body Officers

Officer Nominations

Nominees for any position meet the following criteria at time of the nomination:

- 1. Served as a PB Member
- 2. Participated in the PB and their assigned Workgroup for at least 5 meetings
- 3. Be in good standing with the PB attendance policy

The Executive Workgroup reviews the list of eligible PB Members and contact Members who are in good standing with the attendance policy to determine their interest in serving as an officer. These

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nominations do not constitute or guarantee election to office. Members may self-nominate. Nominees may be asked to give a 2-minute presentation as to why they should be elected.

Filling Officer Vacancies

In the event of a vacancy in one or both PB Co-Chair(s) positions, a special election to fill the vacancy for the remainder of the term is held at the next regular PB meeting from nominations made from the membership. To prevent disruption in the leadership of the PB, Co-Chairs are elected to staggered terms, when possible. In the event of a Workgroup Chair position vacancy, the PB Co-Chairs may appoint a Chair to complete the remainder of the term or hold open elections.

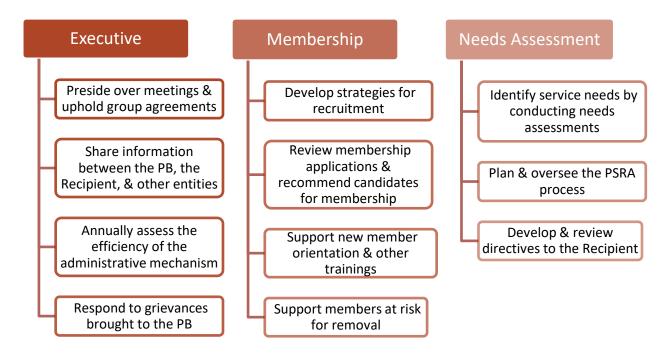
Planning Body Workgroups

PB Co-Chairs may create Standing or *ad hoc* Workgroups to meet the operational needs of the PB. The Co-Chairs, with the approval of the Executive Workgroup, shall dissolve any *ad hoc* Workgroup once services of that Workgroup are no longer needed. Standing Workgroups have such powers and duties as the PB determines, provided that each Workgroup is comprised of a minimum of 33% PLWH and at least 4 members.

All PB Members must participate in at least 1 Workgroup. The PB encourages interested individuals, especially PLWH, who are not Members of the PB to participate in Workgroups, although non-voting participants may not vote. Workgroup meetings are open to the public.

Standing Workgroups

Each Workgroup meets regularly and defines its own procedures as related to its respective workplan. Workgroup Chairs are Full Members of the PB and voting Members of the Executive Workgroup. Chairs report their activities at Executive Workgroup and PB meetings.



Workgroup Appointment

Members assign themselves to the Workgroup of their choice, whenever possible. Members may be reassigned to another Workgroup to ensure balanced participation and reflectiveness.

Voting in Workgroup Meetings

Voting in Workgroup meetings is restricted to Members of the PB. The Co-Chairs of the PB are considered Members of all Standing or *ad hoc* Workgroups and may therefore vote at any Workgroup meeting. Action may be taken by the Workgroup based on a simple majority vote of those Members present at a meeting. The public may participate in discussions during the appropriate time on the agenda but may not vote.

Planning Body Administrator Responsibilities

The PB Administrator is a support staff to the PB and remains separate from the Recipient staff to avoid undue influence from Recipient to PB. As a liaison between PB and Recipient, the PB Administrator:

- 1. Maintains timely and open communication between the PB and Recipient
- 2. Supports the PB in achieving its legislative roles and responsibilities
- 3. Manages the PB budget, handling requests for consumer reimbursement, meeting materials, and other costs incurred by the PB
- 4. Engages in Technical Assistance and trainings, as provided, by HRSA and Planning CHATT
- 5. Keeps records of PB communications and meeting minutes and posts public documents to the PB webpage within 14 days of PB approval; Maintains the PB webpage

Section 4: Priority Setting and Resource Allocation Process



Items to be annually reviewed by the Needs Assessment Workgroup and the Planning Body

- 1. Goals, objectives, and roles for the Needs Assessment Workgroup and the PB
- 2. Legislative requirements and guidance for this PSRA process
- 3. Priorities based on:
 - a. The size and demographics of the population living with HIV
 - b. Needs and priorities expressed by PLWH, both in care and out of care
 - c. Disparities in access and services
 - d. Coordination with HIV prevention, substance use, mental health, and housing programs
 - e. Compliance with guidance regarding fundable core medical and support services
- 4. Conflict of Interest policies to ensure adherence in the PB and its Workgroups
- 5. HRSA-approved Core Medical and Support Services listing, with HRSA approved definitions
- 6. Prior year PB priorities, budgets, allocations, expenditures, and directives
- 7. Required documented-need data and reports for coming year
- 8. Principles guiding the PSRA process and criteria for priority setting
- 9. Documented and approved PSRA Decision Making Process

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- 10. Rules of participation and strategies to encourage consumer and community participation
- 11. Expected outcomes:
 - a. PB-approved priorities and resource allocations
 - b. Provision of a documented transparent rationale for the PSRA decisions

Planning Body Processes for Priority Setting and Resource Allocation

Meetings establish a quorum so that the meeting can proceed.

Members with a perceived or actual conflict of interest must state that conflict of interest verbally before discussion. See Appendix C: Conflict of Interest Declaration.

The MCPH Epidemiologist, Needs Assessment Workgroup, and/or PB Administrator present data, key findings, and documented need to the PB before the PSRA process. The PSRA meeting of the PB is noticed and publicly posted as required.

The process is a democratic voting process using Robert's Rules of Order; Motion, second, and discussion during which all members have opportunity to be heard, following which the public is heard, after which the members vote. Simple majority vote wins the motion. Steps include:

Rank Priorities

- Present members individually rank services on a worksheet provided at the PSRA meeting OR collectively discuss and rate priorities.
- •Members discuss priorities & hear public comment.

Vote

- A member makes a motion to approve and/or change a priority.
- Another member seconds this motion, followed by all members voting.
- A majority vote carries a motion. If the motion fails for lack of a majority, a Co-Chair calls for a second motion and the process repeats.

Allocate Resources

- Members recommend allocations for each service category, considering the actual spending for the past 3 fiscal years.
- •After discussion and public comment, a member makes a motion to approve an allocation for Priority #1. Another member seconds this motion, followed by all members voting.
- •Discussion and voting continue until all allocations are recommended.

Required Inputs (data & reports used to document need)

Epidemiological Data

- 1. HIV/AIDS prevalence, incidence, demographics, and disproportionate impact(s), unaware status, unmet need, simultaneous diagnosis, AIDS diagnosis within one year
- 2. Early Intervention HIV/AIDS data including demographics of those tested and those testing positive and linked to care
- 3. Unmet need data
- 4. Special needs populations data

Performance & Outcome Data

- 1. Client level data health status by category of intervention
- 2. Quality, outcome effectiveness, cost effectiveness of services (measured by service category outcomes, service utilization data, demographics), and service cost data

Service utilization data by service category

- 3. Number of unduplicated clients served by category
- 4. Client demographics by category
- 5. Number of units of service by category
- 6. Disparities in service utilization, especially medical, mental health, substance use, and housing
- 7. Previous year funds allocated by % of total and % total funds expended
- 8. Waiting lists for services by category (if any)

Service Cost data

- 1. Unit costs for each service type (assuming standard unit of service)
- 2. Cost per client per year by service category

Needs Assessment Data

- 1. Demographic profile of respondents
- 2. Service needs, service gaps, and unmet needs expressed by consumers

Comorbidity, insurance, poverty data

Provider Capacity & Capability findings

Principles Guiding Decision Making (Priorities should reflect the Principles)

- 1. Decisions are made in an open, transparent process
- 2. Decisions are based on documented needs and data
- 3. Services are responsive to epidemiology of HIV in the TGA, including demographics and region
- 4. Services are culturally and linguistically appropriate
- 5. Services address needs of low-income, underserved, and disproportionately affected populations
- 6. Services minimize disparities in the availability and quality of treatment
- 7. Equitable access to services is provided across subpopulations and regions

Core Medical and Support Services

At least 75% of service funds must be allocated to core medical services, as specified in the legislation. Up to 25% may be allocated to support services. HRSA provides complete definitions of each core medical and support service; these definitions are printed and available to the PB at the PSRA meeting and are found online at https://go.usa.gov/xEdPe.

Reallocation Process

Reallocation of funds may be necessary for several reasons: loss of contract/provider, underutilization of services, or greater need for specific services. The Recipient addresses the need for reallocation to the PB Executive Workgroup and/or the full PB. If the allocated category is less than 5% of the total Part A award, then the percent change is considered and must be reported at greater than or equal to 20%. If the allocated category is greater than or equal to 5% of the total Part A award, then subtracted percents are considered and must be reported to the PB Executive Team at greater than or equal to 4%. The Executive Team approves the allocation by majority vote or defer to the full Planning Body for review.

The Recipient aligns these requests with regularly scheduled meetings of the PB. However, if reallocations are time sensitive and cannot wait for PB approval, the Recipient may request a special meeting of the PB and/or its Executive Workgroup by submitting the request in writing to the PB Administrator and the PB Co-Chairs.

To ensure timely expenditure of funds before the end of the fiscal year, the Recipient may reallocate funds as needed during the month of February without approval from the PB. The PB recognizes reallocations at the end of the fiscal year as "rapid reallocations." The Recipient reports any rapid reallocations during the next regularly scheduled PB meeting.

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Section 5: Meetings

Meetings

The PB meets regularly at least 6 times annually. Meetings are open to the public. Special meetings may be called by agreement of the Co-Chairs or by written endorsement of one-third of the membership of the PB with notice provided to the PB Administrator. Notice of special meetings shall be made at least 7 days in advance of the meeting, along with the meeting agenda, to the maximum extent possible.

Members and guests attending are expected to abide by the PB's Code of Conduct; see Appendix B.

Confidentiality

While individual Members may opt to publicly disclose their HIV status, the PB as an entity does not release information to the public relating to any Member's HIV status or any other medical condition. Each Member must respect and maintain the confidentiality of Members and guests. Members sign a confidentiality statement yearly; see Appendix A: Confidentiality Agreement.

Notice

At least 7 days prior to a meeting, the PB Administrator emails the agenda and meeting materials to PB members, Recipient staff, and other interested parties.

Special Meetings

The Co-Chairs and the Recipient may call special meetings of the PB to address matters that require rapid response to HRSA. The PB Administrator emails the notice to Members and guests no fewer than 3 days prior to the date set forth for such special meeting. Such call must set forth specifically the subject matter of the meeting; other subjects are not introduced or considered.

Quorum

The quorum of the PB is half-plus-one of the membership, of which at least 33% is unaligned consumers. A quorum must be present to conduct any meetings of the PB. The PB does not accept absentee or proxy votes.

Voting

Present voting members make decisions for the PB/Workgroups. The decision-making process includes:



Voting is conducted during open meetings. Each voting Member is entitled to one vote upon any matter before the PB, provided that a quorum is present. Voting upon any issue is by voice vote or by show of hands of Members. A majority is more than half of those voting.

An abstention is considered a vote from a PB Member regarding the allocation of funds to service programs in which the associated agency/entity seeks or has obtained funds. See Appendix C: Conflict of Interest Declaration.

Priority of Discussion

At any meeting of the PB and its Workgroups, the presiding Chair(s) gives speaking priority to the voting Members of the PB on any matter pending before the meeting. Each meeting agenda contains an item "Public Comment" or "Other Business" at the end of regularly scheduled business. At that time, the presiding Chair opens the floor for public comment. The presiding Chair may suspend this procedure and hear the public at any point in the agenda.

Discussion during "Public Comment" pertains to issues related to the PB's legislative mandates and is limited to 2 minutes per speaker. Speakers present themselves and state for the record their name and affiliation. Public visitors must adhere to the Code of Conduct; see Appendix B.

Minutes

The PB Administrator coordinates recording of the minutes of each PB and Workgroup meeting, stating the action taken at such meeting, and submits them to Members within 7 days for review. Any Member wishing to propose a correction to the minutes informs the PB Administrator of the correction or proposes a correction at the meeting at which the minutes are subject to approval. Corrections are made to the permanent file copy. For substantive or major revisions, any Member may request that a copy of the approved and revised minutes be redistributed to Members. The PB Administrator posts minutes on the PB webpage within 14 days of approval.

Section 6: Group Policies

Procedure for Amending Planning Body Bylaws

- 1. Recommended Bylaw changes may be presented by any Member or Workgroup.
- 2. Recommendations are developed using the "Bylaw Amendment" form (Appendix D) and submitted to the PB Administrator.
- 3. The PB Administrator presents the recommendation to the Executive Workgroup for discussion.
- 4. The Executive Workgroup decides when to place the recommendation on the PB agenda.
- 5. The PB Administrator presents the recommendation to the PB for any questions or discussion.
- 6. The PB votes in accordance with the normal voting procedures.

Grievances

Who May Bring a Grievance?

Only individuals or entities directly affected by the outcome of a decision related to funding as defined above are eligible to bring a grievance including providers eligible to receive Part A funds, consumer groups, and other affected entities and individuals.

Types of Grievances Covered by the Planning Body

Grievances may be filed with the PB only for either of the following:

- 1. Deviations from an established, written PSRA process; or
- 2. Deviations from an established, written process for changes to priorities or allocations

Dispute Prevention and Early Resolution

The PB attempts to resolve grievances through informal dispute resolution. To prevent grievances, PB:

- 1. Has an annual review and updating when necessary of PSRA procedures and related policies;
- 2. Has clearly written PSRA policy that describe how decisions are made and is posted publicly to the PB webpage;
- 3. Offers new Member trainings and refresher trainings prior to yearly PSRA processes;
- 4. Identifies at the beginning of the PSRA process of Members that have met any data presentation participation requirements and are eligible to participate in the decision-making process;
- 5. Provides clear instructions and encouragement to Members that if during the PSRA process or other decision-making process, they believe policies and procedures are not being followed, they respectfully but immediately bring it to the attention of a PB Chair;
- 6. Offers opportunities for Members and affected parties to provide feedback on ways the decision-making processes can be improved in future years.

To informally handle issues before grievances are filed, the PB Co-Chairs:

- 1. Receive complaints in written format from the concerned Member within 10 days of the disputed situation;
- 2. Appoint 1-2 Members of the Executive Workgroup to work through the issue with the Member before the grievance is filed;
 - a. The designated Member(s) log all such contacts and discussions, recording the date, affected party name and contact information, concerns expressed, and the date of the event that led to the concern
 - b. The designated Member(s) work with the concerned Member within 5 working days after the concern is presented to the Co-Chairs. Review of concern, policies, procedures, bylaws, and any other relevant processes are reviewed. The involved parties work to resolve the conflict, but the designated Member(s) may not make promises on behalf of the PB without the approval of the Co-Chairs and other necessary parties.
 - c. The designated Member(s) provide a written report to the Executive Workgroup of the outcome for the PB files.

If these efforts do not resolve concerns, the concerned Member has 15 days from the date of the last informal meeting to file a grievance; see Appendix E: Grievance Reporting Form. The PB Administrator consults with the Recipient and will begin a formal grievance process following MCPH's grievance procedures.

Rules Governing the Process

- 1. Following any agreement reached regarding a grievance filed against the PB, the involved parties report and discuss with the Executive Workgroup. The Executive Workgroup includes this on the agenda of the next PB meeting to report the grievance filed, the agreement reached, and the method to reach the agreement.
- 2. No grievant or related party shall be discriminated against, nor suffer retaliation, nor be treated unprofessionally or unfairly because of filing a grievance or participating in a grievance investigation.
- 3. Confidentiality is maintained throughout the process and all parties sign statements of confidentiality (Appendix A). Names of involved parties, specifically the grievant, are only shared when necessary to the understanding of a conflict or developing a resolution. The name of the grievant is not shared with the entire PB.
- 4. The PB informs the Recipient whenever a grievance is received and keeps the Recipient informed about the status of each grievance throughout the entire process.

Official Communications and Representations

Authorization to speak on behalf of the PB to the media or public, and then only in accordance with clear PB policy and previously approved actions, is restricted to the CEO, CEO's Designee, Co-Chairs, and the PB Administrator. All media requests must be facilitated through the Mecklenburg County Public Information Officer and Health Director.

No Member may make any statement or communication under circumstances that might reasonably give rise to an inference that they are representing the PB (including, but not limited to, communications upon PB stationary, public acts, statements or communications in which they are identified as a PB Member), except actions or communications previously approved by leadership identified in the above paragraph.

Records Maintenance

The PB Administrator maintains PB minutes and records at the Ryan White Program Office (Valerie C. Woodard Center, Suite 9000; 3205 Freedom Dr. Charlotte, NC 28208). Copies of all documents are retained in accordance with HRSA guidance on document retention, public availability, and distribution free of charge.

Expense Reimbursement

Members serve without compensation. To promote active participation by PLWH, Members who are unaligned consumers may receive transportation assistance in the form of:

- 1. Bus passes
- 2. Door-to-door transportation (ride sharing, CATS Special Transportation, or another appropriate service)
- 3. Mileage reimbursement

Procedures for Transportation Assistance

- 1. Transportation assistance is limited to travel within the TGA solely to participate in meetings or activities sponsored by the PB.
- 2. Members confirm their eligibility for reimbursement with the PB Administrator prior to incurring expenses.
- 3. The mode of transportation selected considers cost, time, and the Members' needs and preferences. Members should use the most cost-effective means of transportation.
- 4. Unaligned consumers requesting transportation via bus or door-to-door service provide notice to the PB Administrator at least 7 days before regularly scheduled meetings.
- 5. Bus passes are given directly to Members at meetings and are not mailed to prevent loss.
- 6. Members who drive to meetings may receive mileage reimbursement at the current NC state rate. Mileage is calculated as the distance between the Member's home and the meeting location.
 - a. Members submit a completed Non-Employee Reimbursement Form (Appendix F) to the PB Administrator within 15 days of incurring cost to receive reimbursement.

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b. The PB Administrator reviews the request and forwards it within 1 working day of receipt for processing.

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Appendix A: Confidentiality Agreement

- ✓ I understand that I may have direct or indirect access to confidential information during my involvement with the Ryan White Planning Body.
- ✓ I agree to protect the confidential nature of all information to which I have access.
- ✓ I will not transmit confidential information via unencrypted or insecure email, text, or voicemail.
- ✓ I understand that there are state and federal laws and regulations that ensure the confidentiality of an individual's identifying information.
- ✓ I understand that my failure to observe and abide by this agreement may result in dismissal, contract termination, and/or punishment by fine and/or imprisonment.
- ✓ I understand how I am expected to ensure the protection of Confidential Information. Should questions arise in the future about how to protect information to which I have access, I will immediately notify the Ryan White Planning Body Administrator.
- ✓ I have been informed that this signed agreement will be retained on file for future reference.
- ✓ This Confidentiality Agreement continues to apply after my association with the Planning Body ends, with respect to confidential information to which I had access while serving the Planning Body.

Signature:	Date:
Print or type name:	

Appendix B: Code of Conduct Agreement

All persons attending Planning Body meetings will be treated with respect, recognizing that each person brings unique and valuable experiences, views, and expertise to the Planning Body. Members will:

- ✓ Conduct themselves in a professional, ethical, and courteous manner.
- ✓ Follow the Bylaws and Policies and Procedures of the Ryan White Planning Body.
- ✓ Follow the Conflict of Interest policy and assist the Co-Chair(s) to ensure they are consistently followed.
- ✓ Address and treat others with respect.
- ✓ Allow others who have a right to be a part of discussions and decision-making the opportunity to speak and to be listened to without interruption.
- ✓ Recognize the authority and follow the direction of the Co-Chairs.
- ✓ Refrain from disrupting a meeting or encouraging/assisting others to do so.
- ✓ Express a difference of opinion without engaging in personal attacks.
- ✓ Follow confidentiality procedures stated in the Bylaws.
- ✓ Adhere to and support decisions made in the agreed-upon manner, regardless of personal position.
- ✓ Serve as both an advocate and a planner, recognizing the responsibility to both present the concerns of specific communities or populations, and to make decisions that are data-based and reflect the overall needs of people living with HIV in the Charlotte TGA.
- ✓ Neither ask questions, request information, nor make comments about individual subrecipients.
- ✓ Take responsibility not only for abiding by this Code of Conduct personally, but also for speaking out to assure that all participants abide by them.

By signing this Code of Conduct, the undersigned acknowledges receiving a copy of this document and having an opportunity to discuss it with a Member of the Planning Body Executive Team or the Planning Body Administrator. Violation of any condition of this agreement may result in termination of membership of the Planning Body.

write riaming body bylaws.	
Signature:	Date:
Print or type name:	_

I, the undersigned, agree to adhere to the Code of Conduct as stated in this document and in the Ryan

White Planning Rody Rylaws

Appendix C: Conflict of Interest Declaration

No Planning Body member shall use their relationship with the Planning Body for private gain. Whenever any matter arises with respect to which a Planning Body member either has a conflict of interest or has any question about the existence of a conflict, they shall make a full disclosure of such conflict or possible conflict before the matter is discussed. Persons who have conflicts of interest as defined herein may participate in the discussion in question but shall not vote on that matter.

For the purposes of this paragraph, conflict of interest shall be defined as a direct financial or fiduciary interest, which shall include, without limitation, ownership, employment, contractual, creditor, or consultative relationship to, or Board membership in, an entity or individual, or in a substantial affiliate of such an entity including any such interest that existed at any time during 12 months preceding the vote, with respect to which a vote is to be taken. This shall not preclude such member from voting on matters affecting a large group of entities or individuals including the one in which they have an interest. Such a member shall not, however, vote on a matter affecting only the entity or individual they have an interest or a small Body of entities or individuals including such entity or individual. A member's receipt of Ryan White Part A funded services is not to be construed, in and of itself, as a conflict of interest.

If you have questions regarding conflict of interest, contact PB Administrator: 980-314-1602.

Affiliation Disclosure

Please	check the agencies with which you are perso	onally and/o	r professionally affiliated.
	Affinity Health Center Amity Medical Group Atrium Health Belvedere Family Dentistry Bradley-Reid Corporation Carolinas CARE Partnership Charlotte Dental Associates Charlotte Health Initiative Community Empowerment Center DDD Enterprise		Gaston Family Health Services ID Consultants, P.A. Lions Services Eye Clinic, Inc. Mecklenburg County Public Health Quality Comprehensive Health Center RAIN Reeves Eye Clinic Rosedale Infectious Diseases, PLLC Royal Dental Associates The Rise Project of the Carolinas
Memb	ers must resubmit this form if any chan	ges in confl	lict of interest occur.
Signatu	ıre:	Date	2:
Print o	r type name:		

Appendix D: Bylaws Amendment Form

Section I.	Section II.	
I wish to: (check one)		
Change an existing Bylaw	Date Submitted: Your Nar	ne:
Add a new Bylaw		
Delete an existing Bylaw	Your Signature:	
Current Bylaw	Proposed Change	Rationale
Section III.		
Action Taken:		
Data Bayiawad:		
Date Reviewed:		
Executive Workgroup Member	Signature:	
	FOR OFFICE USE ONLY	
Date Received: F	Planning Body Administrator Signature:	

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Appendix E: Grievance Reporting Form

Please select the type of grievance below:

	Deviations from an established, written priority-setting or resource allocation process Deviations from an established, written process for any subsequent changes to priorities or allocatio	ns
Name		
Relations	hip to Ryan White Planning Body	
Phone/E	mail	
	omplete the following questions and attach documents that support your statements.	
1. What o	decision, action or policy has had an adverse impact on you?	
	at basis is the action wrong or unfair?	
3. What (do you recommend should be done to resolve this issue?	
Signature	eDate	

Please return your completed form to Ryan White Planning Body Administrator:

ATTN: Ryan White Planning Body Administrator Ryan White Program 3205 Freedom Drive Suite 9000 Charlotte, NC 28208

Fax: 704-432-5274

To protect your privacy, do not send confidential information by email or text message.

Appendix F: Non-Employee Reimbursement Form

Reimbursement Form for Client/Customer Related Expenditures

		980-314-1602	
Name of Mecklenburg Co	unty Employee Sponsor	Employee Telephon	e#
	Ad	dress for Payment:	
Name of Client/Customer			
	Rudget Co	ding: Fund: <u>0001</u>	
Dates of Activity	_ buuget ct	Unit: G803	
Dates of Activity		Object: <u>5174</u>	
		Function: <u>CH3220</u>	
		Activity: 6030	
	at is invaluable to the hyan	write i rograffi planning	
reimburse consumers for of the consumers for the consumers of the consumers for the	expenses incurred at their ex		process. Therefore, we strive to ne planning process.
	expenses incurred at their ex		
<u>Expenses</u>	expenses incurred at their ex		
Expenses Lodging Food Ground Transportation	expenses incurred at their ex		
Expenses Lodging Food Ground Transportation Air Transportation	· 		
Expenses Lodging Food Ground Transportation	· 		
Expenses Lodging Food Ground Transportation Air Transportation	· 		

- ATTACH ALL CORRESPONDING RECEIPTS
- ATTACH COPY OF AUTHORIZATION BY MANAGER APPROVING ACTIVITY

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